



TURNING POINT

Special Memo Series, September 2001
Division of Public Health
Wisconsin Department of Health and Family Services
Vol. 1 No. 3

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Transformation Team Completes Its Work: Turning Point Phase II – *Creating the Framework and the State Health Plan*

The Wisconsin Turning Point Initiative's Transformation Team, appointed by former Secretary Joe Leean, Secretary, WI Department of Health and Family Services, completed its work on July 18, 2000. Through their commitment, leadership, and vision Wisconsin has a bold new vision and framework to guide the transformation of Wisconsin's public health system. Critical elements of this framework includes: a vision statement; core beliefs and principles; mission statement; 3 core public health functions and 12 essential public health services; 3 overarching goals; 11 health priorities and 5 system (infrastructure) priorities. The chief outcomes of this systems transformation are (1) improved public health system capacity and (2) improved health of the public.

Expanding our Public Health Partnership – Executive Committee Appointed Turning Point Phase II – Implementation Planning

An Executive Committee to provide strategic leadership for implementation planning was appointed in November 2000 by John D. Chapin, Administrator and State Health Officer, Wisconsin Division of Public Health (see Attachment). The Executive Committee includes 16 members who will provide leadership for each of the 16 priority subcommittees. In addition, 8 advisors were appointed. They also provide leadership and bring diverse and important perspectives to implementation planning and the public health system transformation.

Charge and Expectations of the Executive Committee

The charge to the Executive Committee is to advise the Wisconsin Turning Point Initiative members and the DHFS partners. It will provide leadership to develop an integrated implementation plan based on the framework outlined in the state health plan entitled *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*.

The Executive Committee will meet regularly with its advisors to systematically integrate the transformational framework that includes the 3 goals, 5 systems priorities and 11 health priorities. It will develop an integrated implementation plan that connects the system (infrastructure) and health priorities. Their population-focused work will use an agreed-upon practical implementation and evaluation framework for the subcommittees that defines:

- A workable model that fits the work before us
- Direct linkages to the federal health plan entitled *Healthy People 2010*
- Multiple intervention approaches that include education, social support, laws, policies, incentives, and behavioral change
- Multiple levels of influence to include individuals, families, local communities, and the state population as a whole

Support to the Executive Committee and advisors is provided by two Turning Point structures that include (1) the Strategic Planning Team, and (2) the Implementation Evaluation and Design Team. Members of these structures are listed on the Attachment.

Wisconsin's Definition of Public Health

Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population in several key areas (Adapted: Core Public Health Functions Workgroup, 1994):

- Prevent injury, illness, and the spread of disease
- Create a healthful environment and protect against environmental hazards
- Promote and engage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Promote accessible, high quality health services

The public health system is a broad undertaking with a complex mission whose focus is on the entire population. No one organization could fulfill the mission alone. While government has clear roles and responsibilities related to the health of the public that are defined in law, the system can only be *viable if many organizations in partnership with communities also actively participate and contribute*. The mutual work of the partners must be collectively focused on achieving the shared vision of "healthy people in healthy Wisconsin communities." It takes the work of many organizations and individuals to protect the health of all.

What are the Priorities of Wisconsin's Public Health System?

Five System (Infrastructure) Priorities:

A transformed public health system is accomplished through a system of state and local governmental health departments in partnership with public, private, nonprofit, voluntary sectors and the people of Wisconsin. The 5 system priorities provide core capacity within the public health system to act upon the 11 health priorities. The 5 system priorities also provide core capacity to respond current and emerging threats to health in the population. The following five system (infrastructure) priorities include:

- Integrated, electronic data and information systems
- Community health improvement processes and plans
- Coordination of state and local public health system partnerships
- Sufficient and competent workforce
- Equitable, adequate and stable financing

Eleven Health Priorities:

The 11 health priorities address, to a large extent, the underlying causes of hundreds of diseases and health conditions affecting the Wisconsin population. These health priorities have significant potential to promote health and prevent disease; save and leverage scarce prevention resources; and, improve the quality of life for all including those segments of our population affected by diagnosed conditions/diseases (e.g., diabetes, coronary heart disease, HIV).

The health priorities were identified using an empirical data-driven methodology that was based on public health principles, science, practicality, and tempered with professional judgement. This method used morbidity, mortality, prevalence, and epidemiological analytical methods that examined magnitude, severity, and the determinants of health.

The 11 health priorities influence both health and illness and each have behavioral, environmental, and societal dimensions. The health and system priorities are complementary and overlapping. In alphabetical order the health priorities include:

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging, and re-emerging communicable diseases
- High risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity, lack of physical activity
- Social and economic factors that influence health
- Tobacco use and exposure

Status Report: State Health Plan Endorsed by DHFS Secretary Phyllis Dubé

Secretary Phyllis Dubé has endorsed the state health plan entitled: *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. This includes an Executive Summary and a full-text complete plan in a separate document. The DHFS will release copies of this plan on behalf of all the partners throughout Wisconsin's public health system in October or November 2001. A formal letter has been prepared by Secretary Dubé for transmittal to Governor Scott McCallum and the Wisconsin State Legislature. These documents will be placed on the DHFS Website <http://www.dhfs.state.wi.us/health/TurningPoint/>

Update on Implementation Planning and Highlights of New Initiatives

Implementation Subcommittees:

Sixteen subcommittees have been established. Each subcommittee is chaired by an Executive Committee member and has between 10 to 18 members. Leadership is provided by the chair, facilitator, and recorder and provides the critical infrastructure to support subcommittee processes, products, and deliverables. The first meeting was held on February 15, 2001, and the final meeting was held on July 18, 2000.

WI Turning Point Initiative Receives A Special Technical Assistance Grant from the Robert Wood Johnson Foundation:

The Wisconsin Turning Point Initiative received a supplemental technical assistance grant from the Robert Wood Johnson Foundation to support the Implementation, Evaluation & Design Team, and to support a special initiative entitled *Engaging and Sustaining Relationships with Communities of Color in Wisconsin's Public Health System*.

Implementation, Evaluation & Design Team:

This interdisciplinary, multi-sector team has provided significant infrastructure supports to assure orderly processes throughout Phase II – Implementation Planning. Resource support from the RWJF has helped sustain the efforts of this team. Specific responsibilities include but are not limited to:

- Review and select models that link Healthiest Wisconsin 2010 to Healthy People 2010 and allow the development of new objectives as needed for the priorities.
- Develop communication and decision-making processes to facilitate the work of the subcommittees.
- Develop rating scale(s) to determine the strength of objectives that address the following parameters: structure/leverage; political reasonableness; fiscal reasonableness; and known best practices.
- Develop a format (Turning Point Logic Model/Template) to document recommendations, action plan, measurement criteria, and descriptive text to address partners, resources, and impact.
- Secure consultation from a state technology expert to take the Executive Committee through a methodology that fosters crosswalks between the 16 subcommittees using computer assisted technology.
- Provide training and consultation to public health system partners from government, public, private, nonprofit, and voluntary sectors.

Engaging and Sustaining Relationships with Communities of Color in Wisconsin's Public Health System:

Despite conscientious and successful efforts to engage organizational and natural leaders of Wisconsin's communities of color, expanding the relationship must continue. We cannot effectively eliminate health disparities unless we are sure that diverse new nontraditional "community voices" participate fully as public health system partners in crafting, implementing, and evaluating community health improvement plans both at the state and local public health system levels. Community health improvement plans represent collective action on the part of communities to assure conditions in which people can be healthy.

To assure our success, we are pleased to announce that Gladis Benavides of *Benavides Enterprises* has agreed to work with the Turning Point Initiative as the consultant/facilitator for this initiative. She was formerly the DHFS Affirmative Action/Civil Rights Compliance Officer and has been an advisor to the Executive Committee. In August and September 2001 the Turning Point Initiative will convene community forums with the organizational and natural leaders to study *Healthy People 2010* and solicit their strategies and recommendations to assure their sustained participation in the transformation of Wisconsin's public health system. A final report will be prepared and disseminated to all participants and Wisconsin's state and local public health system partners.

Interested in doing something similar in your own community? Please contact Gladis Benavides at benent@chorus.net

Ad Hoc Subcommittees to the Strategic Planning Team:

The Strategic Planning Team has established two ad hoc committees to address special issues concerning the implementation of the transformational framework.

- ***Ad Hoc Essential Services Subcommittee*** is chaired by **Margaret Schmelzer** and is comprised of **Patricia Gadow**, Director and Health Officer, Madison Department of Public Health; **Terry Brandenburg**, Commissioner, West Allis Health Department; **Terri Timmers**, Director, Northern (Rhineland) Regional Office, Division of Public Health, DHFS; **Larry Gilbertson**, Director, Western (Eau Claire) Regional Office, Division of Public Health, DHFS; and, **Carol Lobes**, Implementation Consultant to the Wisconsin Turning Point Initiative.
- ***Ad Hoc Marketing Subcommittee***: A Marketing Committee is just being formed, Chaired by Mark Huber, Director of Community Health Planning, Aurora Health Care. The committee will consist of three sub-teams: the Marketing Communications Team, chaired by Dale Taylor, Professor, Chair, Department of Allied Health Professions; UW-Eau Claire; the Technical Support Team, chaired by Terry Brandenburg, Commissioner, West Allis Health Department; and, the Advocacy Team, chaired by Michael Eaton, Vice President of Government Affairs, Aurora Health Care. If you would like to serve on these teams please contact Mark Huber at mhuber@execpc.com. It is expected the first meetings may be held in September 2001. The primary charge of the Marketing Committee will be to enhance awareness of the WI Turning Point Initiative and the transformation of Wisconsin's public health system among targeted audiences and to build the Public Health Partnership in support of the objectives of the state health plan and the transformation of the system.

Evaluation of the Public Health System Transformation:

The Strategic Planning Team will begin to review models to create a workable evaluation framework for the public health system transformation. Evaluation, governance, and sustainability will be the chief topics of an upcoming joint meeting of the Transformation Team and the Executive Committee

on October 17, 2001, in Madison. Susan Zahner, RN, DrPH, Assistant Professor, UW-Madison School of Nursing, will continue to consult and advise the Strategic Planning Team and the Turning Point Initiative on evaluation frameworks and models.

Sustainability:

This is an issue whose time has come. Sustained, active leadership and effort among all the public health system partners must be nurtured and assured to achieve the depth and breadth of systems change we all seek at the organizational, policy, and practice levels. One important dimension, to sustain change, is a viable organizational structure to support and monitor implementation and provide leadership for change as set forth in *Healthiest Wisconsin 2010*. In order to assure diverse input, key Turning Point structures will be re-engaged through Fall 2001 to identify sustainability issues and advise and develop long-term strategies. These will include: (1) a joint meeting of the Executive Committee and the former Transformation Team tentatively scheduled for October 17, 2001; (2) meetings of the five Community Review Teams in November and December 2001; (3) reactivating the State Reactor Panel; and (4) capitalizing on other forums as opportunities arise.

Need Help? Turning Point Tools/Approaches Now Available:

The Wisconsin Turning Point Initiative wishes to make available to our public health system partners resources for use in local communities and other forums. As a refresher, Turning Point is grounded in four foundational principles: public health and social sciences, quality improvement, strategic planning, and collaborative partnerships. With regard to public health and social sciences, we have used proven and innovative methodologies to guide both the planning and implementation phases of the transformation. These include but are not limited to:

- Baseline data from national, federal, and state sources to establish and track changes
- A script that explains, in a very user friendly way, the Nominal Group Technique
- Priority ranking tool
- Turning Point Logic Model
- Corresponding Turning Point Template

The Turning Point Logic Model and Template are a “package deal.” They provide useful and practical tools to guide and document implementation planning and corresponding short/intermediate/long term outcomes. Did you know that a community in the state of Washington used the logic model to communicate its health plan to the community? Logic models provide a snap shot picture of the plan. Partners seem to like this.

For more information about these tools/approaches or to obtain a copy for use in your community, coalitions, or workgroups, please contact the Turning Point Office at 608-266-0877.

Crosswalks – An Approach to Assuring an Integrated Plan:

On April 18, 2001 the 16 subcommittee leadership teams came together with the Implementation Evaluation & Design Team to identify connections “crosswalks” between the sixteen priorities. A crosswalk is simply a connection. These connections provide the pathway to integrate the health and infrastructure priorities. These connections prevent the implementation plan from being a “silo” approach to systems change.

The process to identify the crosswalks began with an intergovernmental partnership between the Wisconsin Turning Point Initiative and the WI Department of Workforce Development. We used an innovative computer application facilitated by Sue Kinas, Office of Organizational Development, WI Department of Workforce Development. A report describing these connections was created and is being used as tool to inform the subcommittee leadership and through subcommittee dialogue

assure connections and prevent a “silo” implementation plan. For more information about this process or information how to use this computer application in your community, please contact the Turning Point Office at (608) 267-9007.

Community Accountability: Five Community Review Teams (CRTs)

Five Community Review Teams were convened three times during the planning phase of the Turning Point Initiative. These teams represent one of two “community accountability” structures of the Wisconsin Turning Point Initiative. The other being the State Reactor Panel. Community Review Teams were created in five regions of Wisconsin to include: Milwaukee, Minocqua, Eau Claire, Kimberly, and Madison. Membership includes community agencies and leaders, organizations, and residents. Their charge has been to provide support and constructive feedback on the transformational framework and products of the public health system transformation.

These teams will be reconvened during November and December 2001. The chief aims will be to:

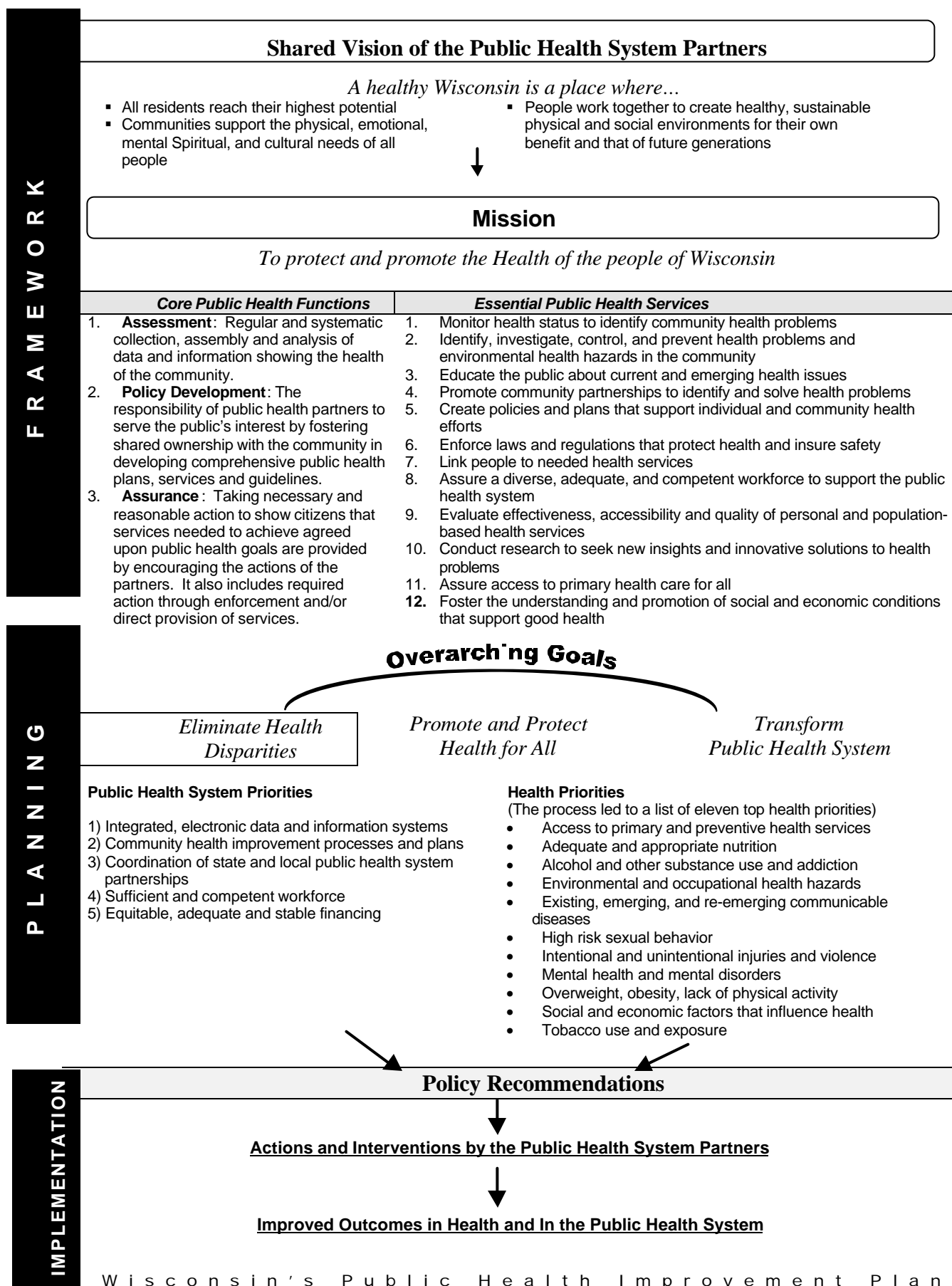
- receive a briefing on Turning Point Phase I & II
- set the stage for launching the implementation plan and transformation, and
- secure commitment to roll out and assure long term follow through of the transformation by all communities and their public health system partners
- hear their views on what it will take to assure that the transformation is sustained at the statewide and local community levels.

SPECIAL NOTE: HERE’S HOW YOU CAN HELP
If you would like to become a member of a regional Community Review Team or know someone who would like to become member, please contact Margaret Schmelzer at (608) 266-0877 or schmemo@dhfs.state.wi.us by October 1, 2001. It is important that all local health departments be members. It is equally important that these teams are diverse in both ethnic/racial composition and organizational composition to include community residents, government, and the public, private, nonprofit, and voluntary sectors.

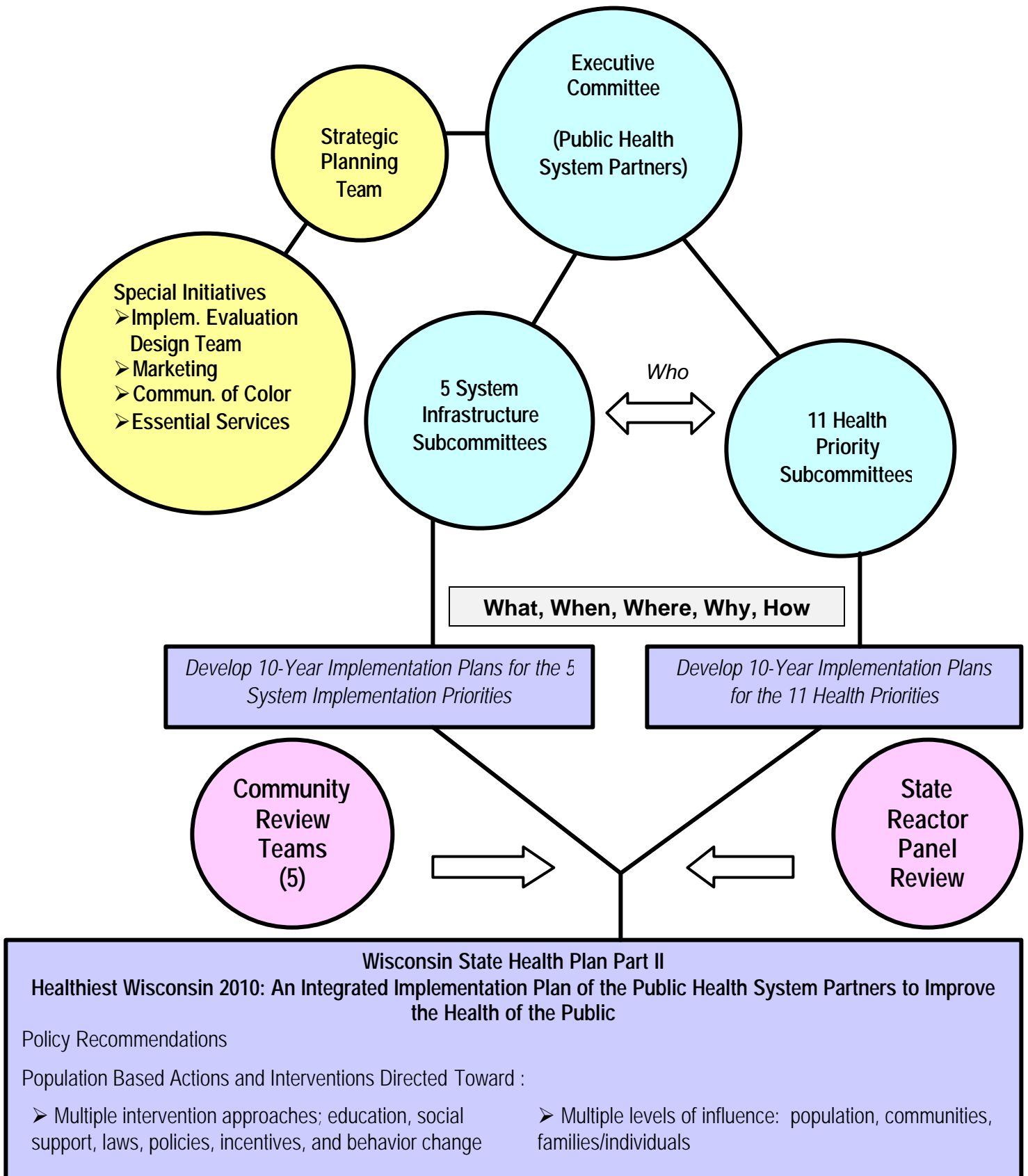
Questions? Need More Information?

Please contact Margaret Schmelzer, RN, MS, Chief, Wisconsin Turning Point Initiative, State Public Health Nursing Director, WI Division of Public Health, 1 West Wilson Street, P.O. Box 2659, Room 218, Madison, WI 53701-2659 **voice:** (608) 266-0877; **e-mail:** schmemo@dhfs.state.wi.us

Framework for Wisconsin's Public Health System Transformation 2000-2010



**Wisconsin Turning Point Initiative Phase II Implementation Planning
Implementing the Framework
Transforming Wisconsin's Public Health System for 2010**



Leadership Teams - Partners

Executive Committee Members

Mary Jo Baisch, Associate Director, Institute for Urban Partnerships, UW-Milwaukee, School of Nursing
John D. Chapin, Administrator and State Health Officer, Division of Public Health, DHFS
William Bazan, Vice President, Metropolitan Milwaukee for the Wisconsin Hospital Association, Inc.
Susan Dreyfus, Administrator, Division of Children & Family Services, DHFS
Kurt Eggebrecht, Director and Health Officer, Appleton Health Department
Merton Finkler, Professor and Chair, Department of Economics, Lawrence University
Carol Graham, Chair, Public Health Advisory Committee, Wisconsin Division of Public Health, DHFS
Julie Hladky, Health Officer and Division Coordinator, Division of Public Health, Portage County Health & Human Services Department
Gareth Johnson, Director and Health Officer, Division of Public Health, Dane County Health and Human Services Department
Nancy Kreuser, Director and Health Officer, Wauwatosa Health Department
Sinikka McCabe, Administrator, Division of Supportive Living, DHFS
Michael Miller, MD, Director, Meriter Behavioral Services, Meriter Hospital
Gregory Nycz, Director of Health Policy, Marshfield Medical Center
Vincent Ritacca, Interdepartmental Liaison, Bureau of Substance Abuse Services, Division of Supportive Living, DHFS
Doris Schoneman, Professor, College of Nursing, Marquette University
Dale B. Taylor, Professor and Chair, Department of Allied Health Professions, UW-Eau Claire
Margaret Taylor, Director, Bureau of Chronic Disease Prevention and Health Promotion, Division of Public Health, DHFS
Jane Thomas, Rural Health Specialist, Wisconsin Department of Commerce
Frederick Wollenburg, Director of Pupil Services, Cooperative Educational and Service Agency 5.

Advisors to the Executive Committee

Gladis Benavides, Benavides Enterprises, Inc.
Terry Brandenburg, Commissioner West Allis Health Department, and President, Wisconsin Association of Local Health Departments and Boards of Health
Stephen Braunginn, CEO and President, Urban League of Greater Madison
Denise Carty, Minority Health Officer, Division of Public Health, DHFS
Kristine Freundlich, Director, Strategic Planning, Office of Strategic Finance, DHFS
Patricia Guhleman, Supervisor, Bureau of Health Information, Division of Health Care Financing, DHFS
Peggy Hintzman, Assistant Director, Wisconsin State Laboratory of Hygiene
Neil Hoxie, Epidemiologist, Division of Public Health, DHFS
Peter Rumm, Chief Medical Officer, Division of Public Health, DHFS
Eric Borgerding, Governmental Liaison, Wisconsin Association of Manufacturers and Commerce

Strategic Planning Team

Margaret Schmelzer, Chief, Wisconsin Turning Point Initiative, Director of the RWJF Turning Point Grant, State Public Health Nursing Director, Division of Public Health, DHFS
Julie Mallder, Turning Point Operations Manager, Division of Public Health, DHFS (resigned)
Carol Lobes, Implementation Consultant to the Wisconsin Turning Point Initiative
Mary Huser, Special Projects Coordinator, UW Cooperative Extension
Kristine Freundlich, Director, Strategic Planning, Office of Strategic Finance, DHFS

Implementation, Evaluation & Design Team

Mary Huser, Chair, Implementation Evaluation and Design Team, Special Projects Coordinator, UW Cooperative Extension
Susan Zahner, Assistant Professor, UW-Madison, School of Nursing
Sarah Beversdorf, Rural Health Liaison, Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin
Margaret Schmelzer, Chief, Wisconsin Turning Point Initiative, Director of the RWJF Turning Point Grant; State Public Health Nursing Director, Division of Public Health, DHFS
Julie Mallder, Turning Point Operations Manager, Division of Public Health, DHFS
Carol Lobes, Implementation Consultant to the Wisconsin Turning Point Initiative
Kristine Freundlich, Director, Strategic Planning, Office of Strategic Finance, DHFS